

Southeast Service Area

Initial Safety Assessment 3rd Round - Safety Model QA Review



**Nebraska Department of Health and Human Services
Quality Assurance**

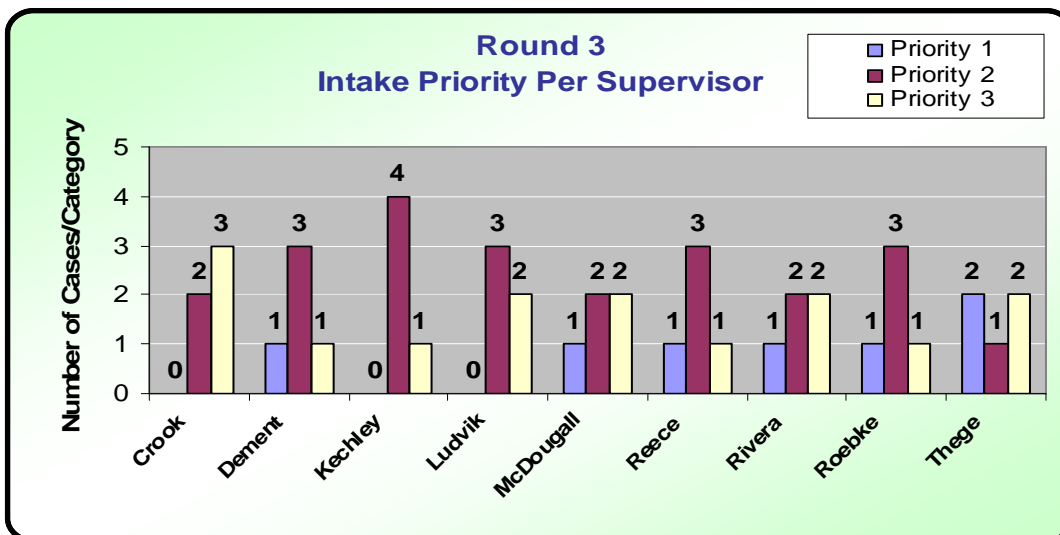
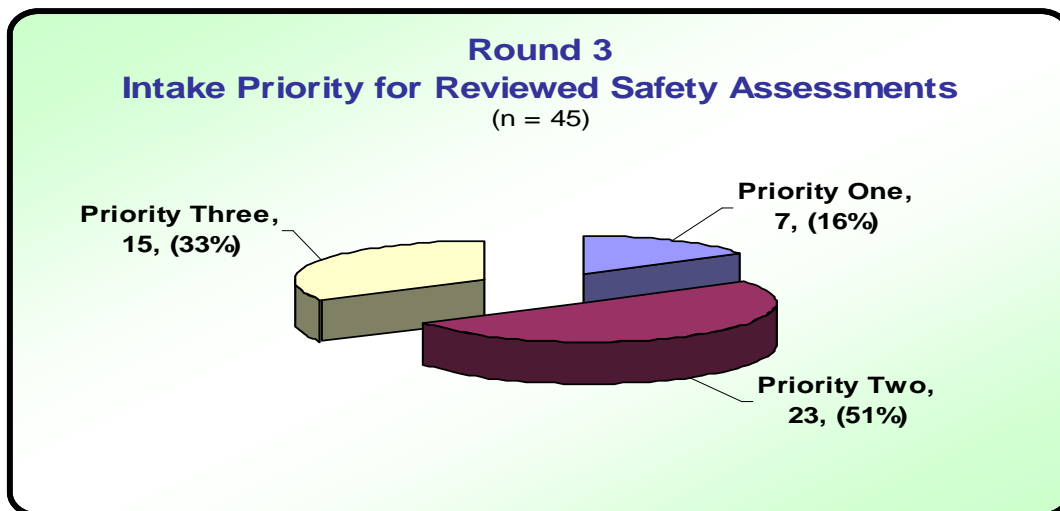
Report Date: December 2009

Quality Assurance Team completed third round of Initial Safety Assessment Reviews in November of 2009. A total of 45 finalized Safety Assessments were randomly selected by QA staff from nine Children and Family Services Supervisors (CFSS). Review consisted of five assessments from each SESA Supervisor: Carla Crook, Monica Dement, Lesa Kechley, Holly Ludvik, Josh McDougall, Chris Reece, Pamela Rivera, Krista Roebke and Darcy Thege.

The second round of reviews of Initial Safety Assessments for SESA was completed in January 2009. A total of 45 finalized Safety Assessments were randomly selected by QA staff from nine Children and Family Services Supervisors (CFSS). Review consisted of five assessments from each SESA Supervisor: Carla Crook, Monica Dement, Lesa Kechley, Holly Ludvik, Jennifer Manning, Chris Reece, Pamela Rivera, Krista Roebke, and Darcy Thege.

The first round of reviews of Initial Safety Assessment for SESA was completed in May 2008. A total of 106 finalized Safety Assessments were submitted to QA staff from seven Children and Family Services Supervisors in SESA. The reviews consisted of sixteen assessments from Supervisor Sara Jelinek and fifteen assessments from each of the following Supervisors: Carla Crook, Chris Reece, Jodi Allen, Krista Roebke, Lesa Kechley and Tracy Lunney.

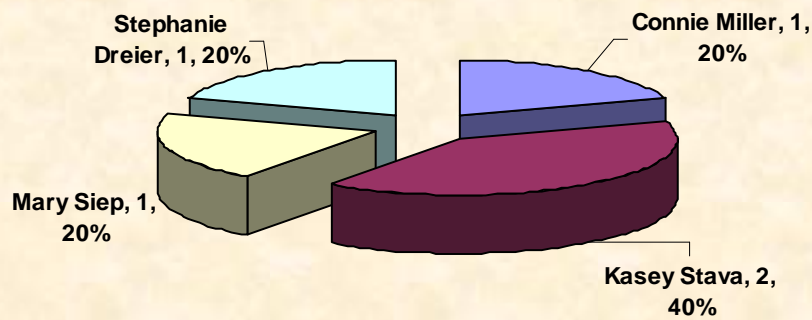
3rd Round: 45 assessments reviewed; 7 were Priority 1, 23 were Priority 2 and 15 were Priority 3.



The following charts contain a breakdown of reviewed assessments per worker for each Children and Family Services Supervisor:

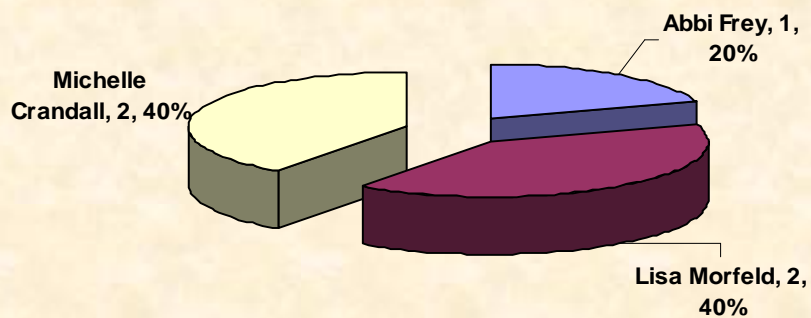
CFS Supervisor Crook

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



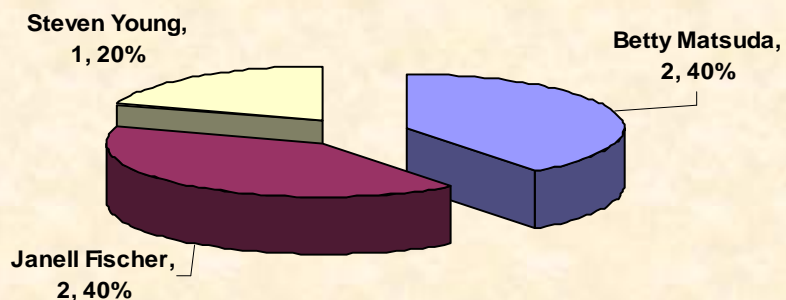
CFS Supervisor Dement

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



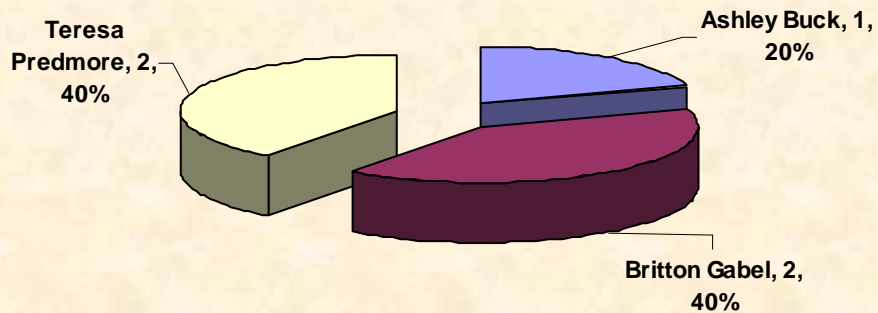
CFS Supervisor Kechley

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



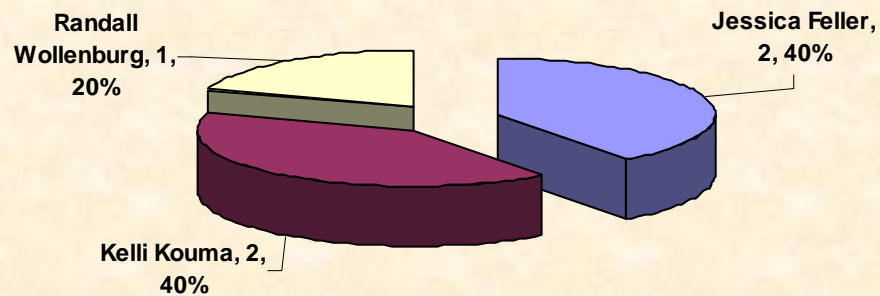
CFS Supervisor Ludvik

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



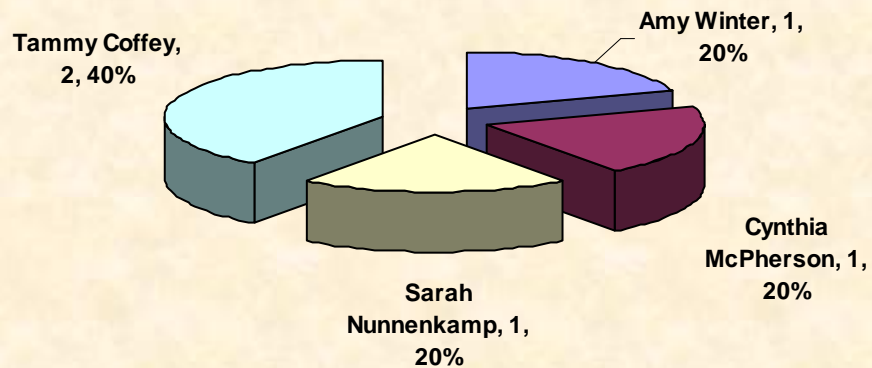
CFS Supervisor McDougall

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



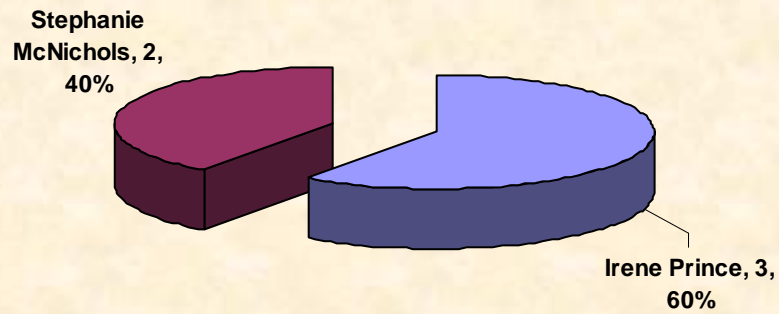
CFS Supervisor Reece

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



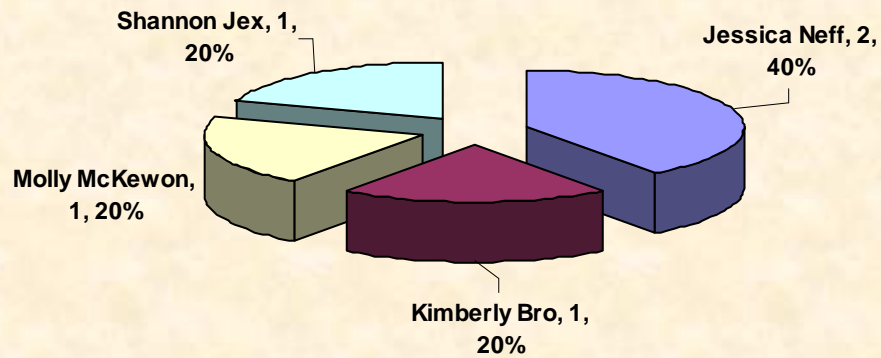
CFS Supervisor Rivera

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



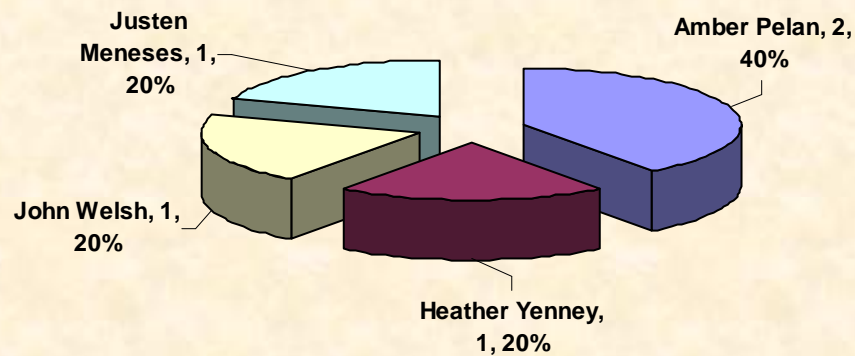
CFS Supervisor Roebke

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



CFS Supervisor Thege

(List of CFS Specialists Assigned to Cases Reviewed: n=5)



The following is a summary of Third Round Data from ALL 45 Initial Safety Assessment reviews. Charts for these overall data can be found in the attached excel file: SESA Safety QA 3rd Round Charts. The attachment contains charts with comparison data for all 3 rounds of Initial Safety Assessment Reviews.

Initial Response/Contact Information (Chart 1):

- Initial contact with child victim was made within required time frame in 34 out of 45 (76%) of the reviewed assessments.
- Other children in the household were present in 14 of the 45 (31%) of the reviewed assessments. Other children in the home were interviewed in 11 out of 14 instances (79%).
- 10 out of 45 (22%) of the reviewed assessments had a non-maltreating caregiver listed in the intake. The non-maltreating caregiver was interviewed in 9 out of 10 instances (90%).
- Other adults were present in 6 of the reviewed assessments. These other adults were interviewed as part of the assessment in 3 out of 6 instances (50%).
- Interviews with the maltreating caregiver occurred in 98% or 44 out of 45 assessments where a maltreating caregiver was identified.
- Interview protocol was followed in 47% or 21 out of 45 assessments. The reviewers were only able to find documentation to indicate the reason for the deviation from protocol in 17% or 4 out of the 24 assessments in which protocol was not followed.

Present Danger (Chart 2 & 3):

- Present danger at the initial contact with the child victim and/or family was identified in 1 out of 45 of the assessments (2%). However, the Immediate Protective Action documentation was not found on N-FOCUS.
- Reviewers agreed with the worker's assessment of Present Danger in 44 out 45 of the assessments (98%)

Domains (Chart 5):

- **Maltreatment** – Sufficient information was collected in 96% (43 out of 45) of the assessments.
 - *Reviewer Comments: Interview or include information for everyone listed as perpetrators. Include findings/conclusions and evidence to support findings, include removal of child, address all areas of concern in the intake. Caution run on narratives, information needs to be separated into other domain areas.*
- **Nature** – Sufficient information was collected in 69% (31 out of 45) of the assessments.
 - *Reviewer Comments: Information contained in domain is evidence and goes to supporting the finding, therefore should be contained in maltreatment. Include analysis of events/factors surrounding the abuse and neglect. Include pattern of why the abuse and neglect is occurring in the home.*
- **Child Functioning** – Sufficient information was collected in 76% (34 out of 45) of the assessments.
 - *Reviewer Comments: What conclusions can be drawn from the worker's contact with all parties regarding the child's behavior and development? Discuss nature of peer interactions. Worker observation of child (ren), description of overarching statements surrounding child's development or behavioral difficulties; need to assess all children living in home.*
- **Disciplinary Practices** – Sufficient information was collected in 60% (27 out of 45) of the assessments.
 - *Reviewer Comments: Include situations and detailed information in which the parent implements discipline for the child(ren), future discipline plans in assessments involving*

infants, children's statements of discipline in home, patterns of discipline with older children.

- **General Parenting** – Sufficient information was collected in 69% (31 out of 45) of the assessments.
 - *Reviewer Comments: Routines within the home, include past parenting of children that may have been relinquished or terminated, family activities, parental roles, include parenting for all individuals living in the home if they take a role in caring for the children.*
- **Adult Functioning** – Sufficient information was collected in 53% (24 out of 45) of the assessments.
 - *Reviewer Comments: Need to include all adults living in the home, community or family supports, Mental Health, Domestic Violence and Substance Abuse information. Talk about the nature of adult relationships within the home (marriage and other relationships).*

Collateral Source (Chart 5):

- 42 or 93% of the total assessments reviewed indicated that information should have been collected from a collateral source. Collateral information was collected in 60% or 25 out of these 42 assessments.
 - *Reviewer Comments: Incorporate the information gained from collaterals into the assessment. Many times a contact is recorded on the contact sheet but the information gained is not incorporated into the assessment. Suggest workers utilize the narrative portion in the contact sheet to document the family's relationship to the contact.*

Maternal/Paternal Relatives (Chart 5):

- Maternal relatives were identified in 71% of the assessments (32 out of 45).
- Paternal relatives were identified in 47% of the assessments (21 out of 45).
 - *Reviewer Comment: Documentation needs to contain at a minimum first name, last name, and location (city & state). Include in documentation parents' refusal to provide extended family information during assessment.*

ICWA (Chart 5):

- Information regarding ICWA was obtained in 78% of the assessments (35 out of 45).
 - *Reviewer Comments: Workers need to utilize the kinship narrative and include a statement as to how ICWA information was obtained by CFS Specialist. For example, ICWA does not apply to family or N/A. Need to include statement of how the worker learned that it did not apply.*
 - *Examples:*
 - *Per mother/name and father/name child does not meet criteria for ICWA because of the following reason.*
 - *Father was asked about enrollment or qualification he may meet in Native American Tribe in which he denied eligibility for him or his son.*
 - *According to (parents/name), no Native American Tribal heritage exists within the family.*

Impending Danger (Charts 4, 5 & 6):

Impending Danger at the initial contact with the youth and/or family (Chart 4): The worker identified impending danger at the initial contact with the child or family in 40% or 18 out of the 45 reviewed assessments. **The reviewer agreed with the worker's decision in 82% or 37 out of the 45 reviewed assessments.**

☞ *Reviewer disagreed with the worker in 8 of the assessments, where the worker indicated that there was NO impending danger at the initial contact with the youth and family. The reviewers determined that there was not enough information in the assessment to determine if impending danger was present initial contact with the child and/or family.*

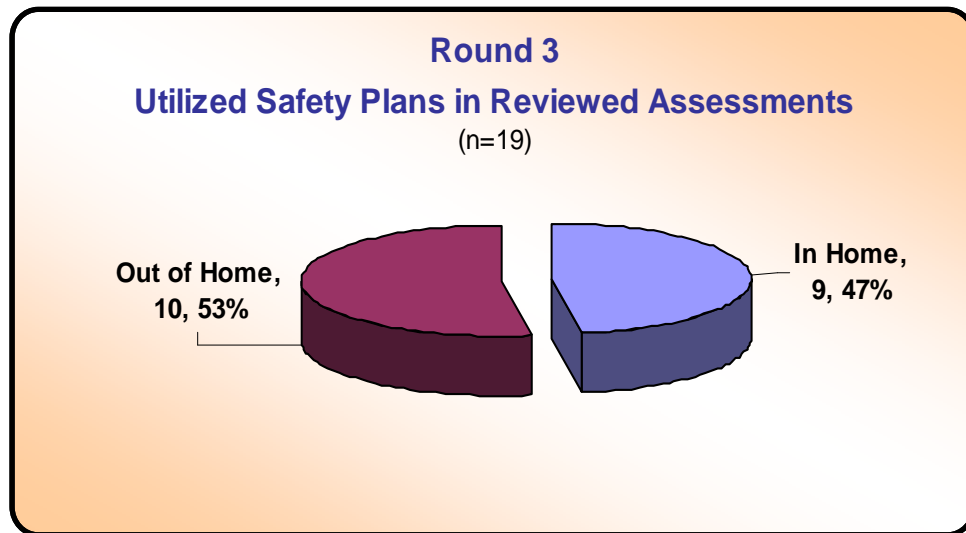
Impending Danger at the end of the Initial Assessment (Chart 6): The worker identified impending danger at the end of the initial assessment in 19 out of the 45 assessments reviewed.

- 26 out of 45 (58%) of the reviewed assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- 26 out of 45 (58%) of the reviewed assessments contained sufficient information to support and justify decision making.
- 26 out of 45 (58%) of the reviewed assessments contained sufficient information in the six domains to accurately assess the 14 factors.
- Safety threats were identified in 19 of the reviewed assessments.
 - The reviewer agreed with the worker on all of the safety factors identified “yes” in 79% or 15 out of 19 assessments. Within the safety factors identified “yes”, 14 out of 19 (74%) contained threshold documentation for identification/justification of impending danger.
- The reviewer agreed with the worker on all of the safety factors identified “no” in 47% or 21 out of all 45 assessments reviewed.
- Safety Assessment Conclusion:
 - The worker determined that the child was UNSAFE at the conclusion of the safety assessment in 19 out of 45 (42%) of the reviewed assessments. The reviewer agreed with the worker’s decision that the child was UNSAFE in 17 out of 19 (89%) of the assessments.
 - The worker determined that the child was SAFE in 26 out of 45 (58%) of the reviewed assessments. The reviewer agreed with the worker’s decision that the child was SAFE in 16 out of 26 (62%) of the assessments.

CFS Administrators were alerted in a few instances in which a reviewer had questions and/or concerns for the child’s safety. Although the reviewers determined that many of assessments did not contain sufficient information to determine impending danger, CFS Administrator notification was not necessary following review of those assessments.

Safety Plan (Charts 7, 8 & 9): The worker determined that the child was unsafe in 19 out of the 45 (42%) reviewed assessments. Safety plans were established at the conclusion of the safety assessment in 19 out of 19 (100%) of the applicable reviewed assessments.

- 47% or 9 out of 19 of the safety plans were in home safety plans.
- No combination safety plans were utilized.
- 53% or 10 out of 19 of the safety plans were out of home safety plans.
 - ☞ *Reviewers indicated that the CFS specialist should have considered utilizing an **in-home safety plan** in one instance in which an out of home safety plan was utilized.*
 - ☞ *Reviewers indicated that the CFS specialist should have considered utilizing a **combination safety plan** in 3 instances in which in-home safety plans were utilized.*
 - ☞ *Reviewers indicated that the CFS specialist should have considered utilizing an **out of home safety plan** in one instance in which an in-home safety plan was utilized.*



- While all 19 safety plans contained a contingency plan, the reviewer judged the contingency plan to be appropriate in only 37% (7 out of 19) of the safety plans.

Examples of sufficient contingency plan:

Note: The intent of having a sufficient contingency plan is to have staff think ahead, anticipate situations that might come up and make a plan to deal with them. A good contingency plan is an actual backup plan with names and information of individual(s) that will take over or complete safety actions if the original safety plan participant is unable to do so. A good contingency plan is one that can prevent the need for immediate caseworker notification or action.

For Out of Home Safety Plans:

- 1.) If (NAME) approved relative provider is unable to care for the (child/youth), the relative care provider will contact the child's caseworker and the child will be placed with (NAME) another identified and approved relative provider.
- 2.) If (NAMES) foster parents are unable to care for the (child/youth), the foster parents will contact the child's caseworker and the child will be placed with (NAME) identified respite care provider or (NAME) identified traditional or agency foster care provider.

For IN Home Safety Plans:

- 1.) If (NAME) relative safety plan provider is unable to be at (NAME) family home as expected from 4-6pm. Then (NAME) will contact (NAME) another relative safety plan participant who will substitute for them during that time. If both are unavailable due to a family emergency then (NAME) the pastor's wife will substitute for them during that time.
- 2.) If (NAME) a contractor providing safety services for the family is unable to do what they agreed to do, they will notify the caseworker and (NAME) another safety service contractor will be utilized.

Examples of insufficient contingency plan:

- 1) The placement unit will need to find another placement.
- 2) Child will be made a state ward and placed into foster care.
- 3) This is an out of home safety plan and there is not a need for a backup plan.
- 4) The assigned caseworker should be contacted.
- 5) Their designee will take over
- 6) None

- Suitability of the safety plan participant(s) was completed in 84% (16 out of 19) of the assessments. Reviewer judged that there was sufficient information to support the decision made with regards to the suitability of the safety plan participants in 79% (15 out of 19) of the safety plans.
 - *Reviewer Comments:*
 - *Need to ensure suitability is completed for all participants including two-parent foster families, providers and informal supports. When appropriate, suitability must include background checks on suitability.*
- 63% (12 out of 19) of the safety plans addressed who was going to make sure the child was protected.
- 47% (9 out of 19) of the safety plans addressed what action is needed.
- 68% (13 out of 19) of the safety plans addressed where the plan and action are going to take place.
- 5% (1 out of 19) of the safety plans addressed when the action will be finished.
- 26% (5 out of 19) of the safety plans addressed how it is all going to work and how the actions are going to control for safety.
- 16% (3 out of 19) of the safety plans contained caregiver promissory commitments.
 - Promissory commitment refers to the caregiver having responsibility to manage safety when it has been determined that the situation is out of control. Assessment needs to clearly document changes that caregivers have made to suggest their ability to manage safety.*
- 47% (9 out of 19) of the safety plans involved in home services.
- While all 19 safety plans included a plan for oversight, the reviewers determined that the oversight requirement was sufficient to assure that the safety plan was implemented in accordance with expectation and was assuring child safety in only 47% (9 out of 19) of the reviewed safety plans.
- 84% (16 out of 19) of the completed safety plans were adjusted as threats increased or decreased.
- Overall, none of the safety plans were judged to be sufficient by reviewers.
 - *Sufficient safety plans must appropriately address the following:*
 - *Who can make sure the child is protected.*
 - *What action is needed to make sure the child is protected.*
 - *Where the plan and action will take place.*
 - *When the action will be finished.*
 - *How is it all going to work – how are the actions going to control the safety threats.*

Protective Capacity Assessment-PCA (Chart 10):

- 1 out of 19 or 5% of the applicable cases had a Protective Capacity Assessment documented on the system at the time of the review.
 - Documentation indicating that consensus was reached between the CFS Specialist and the family regarding what has changed or needs to change was not included in the PCA completed.
 - The CFS Specialist identified the parent(s)' enhanced protective capacities in the PCA that was completed.

Conditions of Return (Chart 10):

- 2 out of 10 or 20% of the applicable cases had Conditions of Return documented on the system at the time of the review.
 - Both conditions of return included information on how an in home safety plan would work to keep the child safe and what specific behaviors must be present in the home to ensure and sustain safety.

Reviewer's Overall Analysis and Conclusion of the Work:

For the purpose of a case review, the reviewer assessed the following information based on their review of the case. This part of the review contains the same information as those included in the Supervisory Review of Nebraska Safety Assessment.

Category	SESA-3	Crook-3	Dement-3	Kechley-3	Ludvik-3	McDougall-3	Reece-3	Rivera-3	Roebke-3	Thege-3
The Nebraska Safety Assessment Instrument was completed correctly and completely	42%	20%	20%	20%	60%	40%	80%	20%	60%	60%
Documentation is on N-FOCUS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Required Time Frames were met	73%	40%	60%	80%	40%	100%	80%	60%	100%	100%
A reasonable level of effort was expended given the identified safety concerns.	58%	20%	20%	40%	60%	80%	80%	60%	80%	80%
Safety of the child/youth was assured during the assessment process.	71%	40%	60%	60%	60%	80%	100%	60%	80%	100%
Sufficient information was gathered for informed decision making	56%	20%	20%	40%	80%	80%	80%	60%	40%	80%
Available written documentation was obtained from law enforcement/others as approp.	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A
ICWA information was documented	78%	80%	100%	20%	100%	40%	100%	100%	80%	80%
Information was obtained about non-custodial parent, relatives, and other family support.	44%	20%	80%	0%	80%	40%	100%	20%	60%	0%
An Immediate Protective Action was appropriately implemented to assure child safety.	0%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A Safety Plan was appropriately completed and implemented to assure child safety.	16%	0%	33%	50%	0%	0%	0%	0%	50%	0%
A Safety Assessment was documented in accordance with required practice.	47%	20%	20%	40%	80%	40%	80%	20%	60%	60%
A Protective Action was documented in accordance with required practice.	0%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A Safety Plan was documented in accordance with required practice.	11%	0%	33%	0%	0%	0%	0%	0%	50%	0%
The family network and others were appropriately involved in the gathering of information.	60%	25%	60%	80%	80%	50%	0%	80%	40%	100%
The family networks and others were appropriately involved in developing Safety Plans.	79%	100%	33%	100%	100%	100%	100%	50%	50%	100%
Policy and procedures related to safety intervention were followed.	62%	20%	60%	40%	60%	80%	60%	40%	100%	100%
Safety plan is sufficient to protect child from threats of severe harm.	20%	0%	33%	0%	0%	0%	33%	0%	67%	0%
Efforts to coordinate with law enforcement were documented.	94%	67%	100%	N/A	100%	100%	100%	100%	100%	100%
Interview protocols were followed or reason for deviation was documented.	53%	0%	100%	60%	40%	0%	60%	80%	80%	60%
The appropriate definition was used in making the case status determination.	93%	100%	60%	80%	100%	100%	100%	100%	100%	100%
The finding was correctly documented in N-FOCUS	93%	100%	60%	80%	100%	100%	100%	100%	100%	100%
Factual information supports the selected finding.	84%	80%	60%	80%	100%	80%	80%	100%	80%	100%
Proof of certified notice to the alleged perpetrator is located in the file.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

The following table provides a listing of the reviewed Safety Assessments by HHS Quality Assurance for Southeast Service Area third round of initial assessment safety reviews by Children and Families Services Supervisor and Specialist:

CFS Supevisor	CFS Specialist	Intake Number
Crook	Mary Siep	320820
	Stephanie Dreier	319225
	Connie Miller	322482
	Kasey Stava	319182
	Kasey Stava	319237
Dement	Abbi Frey	322905
	Abbi Frey	323269
	Michelle Crandall	325758
	Michelle Crandall	326056
	Lisa Morfeld	322163
Kechley	Steven Young	325433
	Betty Matsuda	324986
	Betty Matsuda	325835
	Janell Fischer	320536
	Janell Fischer	318419
Ludvik	Britton Gabel	322171
	Britton Gabel	326311
	Ashley Buck	321060
	Teresa Predmore	321344
	Teresa Predmore	323739
McDougall	Jessica Feller	326066
	Jessica Feller	324653
	Kelli Kouma	324287
	Kelli Kouma	321993
	Randall Wollenburg	319276

CFS Supevisor	CFS Specialist	Intake Number
Reece	Cynthia McPherson	323202
	Amy Winter	320280
	Sarah Nunnenkamp	317103
	Tammy Coffey	322900
	Tammy Coffey	323556
Rivera	Stephanie McNichols	323640
	Stephanie McNichols	324949
	Irene Prince	326309
	Irene Prince	321231
	Irene Prince	322766
Roebke	Jessica Neff	327215
	Jessica Neff	323163
	Kimberly Bro	324195
	Shannon Jex	321637
	Molly McKewon	322095
Thege	Heather Yenney	313014
	John Welsh	324945
	Amber Pelan	322084
	Justen Meneses	322568
	Justen Meneses	328364